terms of their relationship can then be revised. As what has been dissociated becomes assimilated, each becomes a whole person who can interact freely, without subterfuge, and flexibly with the other.

The declared aims of exorcism are different. They are to dismiss what has already been disowned. It may be, however, that a reason why exorcism produces benefit in some cases is not that an evil spirit is expelled, but that the rite brings about reconciliation between the subject and others from whom he has been estranged as a result of his feelings of possession. The rite leads to his readmission into fellowship.

References

Breuer J & Freud S (1893) Studies on Hysteria. Transl. by Strachey J & A (1955) Standard edn, vol. II. Hogarth Press, London

Brown W (1920) *British Journal of Medical Psychology* **1**, 16, 30

Dostoevsky F (1880) The Brothers Karamazov. Transl. by D Magarshack (1958) Penguin, Harmondsworth; pp 749, 768

Jung C G (1921) *British Journal of Medical Psychology* **2**, 13

McDougall W (1920) *British Journal of Medical Psychology* **1**, 13

Prince M (1921) The Dissociation of a Personality. 2nd edn. Longmans, London

Sargant W W & Shorvon H J (1945) *Archives of Neurology and Psychiatry* (Chicago) **54**, 231

Sargant W W & Slater E T O (1972) An Introduction to Physical Methods of Treatment in Psychiatry. 5th edn. Churchill-Livingstone, Edinburgh

Exorcism: concepts and stratagems

Sidney Crown PhD FRCP
Psychiatric Department, The London Hospital, Whitechapel, London E1 1BB

In dealing with this subject my personal feelings are a mixture of ignorance, desire to learn, and awe at the revelation of others' experience. This experience has been recorded in a number of writings and, very movingly, in a BBC Radio 3 broadcast on exorcism which included contributions from theologians, psychiatrists, practical workers such as medical social workers, and also the halting stories of the possessed. My awareness of my inexperience in the field makes me particularly indebted to the writings of others (*see* Trethowan *et al.* 1976).

Models and concepts

I am a psychotherapist with a background in academic and clinical psychology. When viewing the phenomena of human behaviour and experience, particularly in the clinic, I find I impose order upon it using, at least initially, a simple psychoanalytic model. This relates to basic drives, the ego and defence structure, the superego and to interpersonal relationships. If it is impossible to order observations adequately using this model, then I attempt to reduce dissonance by using selected aspects of other models. Predominant among these are models of learning theory, social-cultural relativity, and what has been called the 'third force' in psychotherapy, the existential approach.

Models may be used either with conscious awareness or without awareness. Lawyers use the model of the reasonable man, statisticians think of the average man, and anthropologists warn about cultural and subcultural relativities. Others may work with models without conscious awareness: for example, the naïve patient who explains his symptoms to himself; or an intellectually sophisticated, but psychologically unresponsive, scientist under stress who may admit only to headaches and never to a psychological abstraction such as anxiety.

Common life experience consists of a constant interaction between four processes: observation (sensation); experience of all sorts (perception, learning, feeling); speaking and language (attaching words to new phenomena); and conceiving (linking lower order ideas to

0141–0768/79/030218–03/$01.00/0

higher order, more abstract, concepts). I would emphasize the dynamic, ongoing and interacting nature of these processes, which are different for all of us because of individual variations in life experience. Thus the method of sociological enquiry called ethnomethodology has arisen. This approach stresses the limitation of individual experience so that, for example, as a town dweller my ethnobotany is entirely different from that of a rural dweller. At a clinical level this approach is also relevant. Thus a marriage problem only exists when observed, verbalized, exemplified and conceived as such by both partners. A clinical concept such as atypical depression helps to reduce uncertainty of diagnosis and, once made, suggests a specific form of drug treatment.

Given a phenomenon such as demonic possession, a psychiarist may try to fit this into one or more acceptable explanatory models. Thus he may take a psychotic model and think in terms of the delusions and hallucinations of schizophrenia; he may on the other hand talk in terms of neurotic mechanisms such as hysterical conversion or dissociation.

Reductionism

It is important to be aware of the paradoxes and dangers of reductionism. Reductionism is an approach to explanation in which one group of observations is explained as being due to something else, e.g. that demonic possession is due to psychotic disturbance. Retranslation into neurotic or psychotic models as above may help; but this help may be with communication between professional workers rather than with the patient who is possessed.

Do evil spirits exist?

There are other views of the phenomena of possession and exorcism than the psychological. These are concerned with how we order phenomena in our own terms and devise treatment stratagems. Thus Davis & Welbourn (1977) point out that 'those who practise exorcism . . . accept the factual existence of evil spirits and the spiritual as distinct from the psychological effectiveness of the rite'. Sir John Lawrence in a letter to *The Times* (29 October 1976) says '. . . I ask what rational ground there is for *assuming* either that there are no evil spirits or that they cannot in some sense possess another person. Modern science has shown that the ultimate constitution of matter is more mysterious than commonsense would suppose . . . Is there any ground for supposing that the ultimate constitution of personality may not be equally (or more) mysterious? In particular is it right to assume that persons are entirely discrete entities which cannot interpenetrate? Christian belief about the members of the body of Christ appears to suggest otherwise.'

Treatment strategems

The above considerations have an impact on the therapy and treatment stratagems for demonic possession. Thus, given a psychotic model, chemotherapy may be indicated to suppress it; the disorder is then cured, with the same limitation and arguments relevant to curing schizophrenia. Psychotherapy may be prescribed: this model attempts to understand, perhaps to resolve, the phenomena. Various factors enter the psychotherapeutic process, such as the transference relationship, conditioning factors, insight factors, and working through or practice factors. The new therapies, the encounter movement, faced with a client who complains of being possessed, might suggest accepting it, living with it; at all events not querying it, and not trying to conceive it in any terms other than those of personal experience. Although behavioural modification techniques have not to my knowledge so far been used, it may be only a matter of time before they are tried. A behavioural analysis may determine how and when the idea/behaviour operates and what technique or techniques of direct behavioural modification may be used to bring about cure – such as desensitization, implosion, modelling, role play or cognitive restructuring.

The morals of intervention

This is a complex area which I do not wish to discuss here, except to note that clinical practice and social judgment are entirely pragmatic: if a situation is resolved following intervention, no

criticism arises; if personal or family tragedy, such as murder or suicide, follows then moral issues are raised and intervention requires justification.

Therapeutic competence

Whoever deals with the phenomena of possession, and whatever model is used, two important considerations are evident: first, personal insight is necessary into the complexities suggested above. These complexities may be concrete, perhaps clinical; they may be spiritual; or they may be abstract and conceptual as, for example, insight into the personal relativity of perception. Secondly, the person who intervenes must be competent – whether it be practically, clinically, spiritually or behaviourally. Anyone who becomes involved in the phenomena of possession or exorcism should know the uses and limitations, the contraindications and dangers, of his own concepts and techniques of therapeutic intervention.

References

Davis D R & Welbourn R B (1977) In: Dictionary of Medical Ethics. Ed. A S Duncan, G R Dunstan & R B Welbourn. Darton, Longman & Todd, London; pp 131–132

Trethowan W H, Cupitt D & Marteau L (1976) *Journal of Medical Ethics* **2**, 127–137

Theories underlying exorcism: theological and psychic

The Worshipful Chancellor the Reverend E Garth Moore MA
Fellow, Corpus Christi College, Cambridge

Exorcism is a meeting point for those interested in medicine (especially psychology), in theology and in psychical research. It presupposes: (1) the existence of God; (2) the existence of nonmaterial entities, commonly called spirits; and (3) that these spirits are sometimes trespassers in a place where they ought not to be. It postulates that these spirits may be either pure spirit (an angel or demon) or discarnate entities – i.e. the spirit of a deceased human or of an animal. It postulates two sorts of trespass: trespass in a place, commonly called haunting; and trespass in a person or animal, commonly called possession. It further postulates that these trespasses are contrary to God's will and can be terminated by the power of God. It is this termination which is called exorcism. The method essentially is by commanding the trespassing entity, in the name of God, to depart, accompanying the ceremony with prayer – with or without sacramental extras, such as holy water – and preceding it by the preparation of the exorcist and his assistants by prayer and perhaps by fasting and by reception of the Sacrament. Since, in the exorcism of a person, there is a danger of the patient becoming violent, the exorcist usually provides himself with two strong assistants and seats the patient in a comfortable armchair. The command to the possessing entity is often to depart forthwith and, doing no harm to anyone, to go to the place appointed and there to remain forever. The last part of the command is, it is submitted, doubtful because it presupposes: (1) that the entity is evil; (2) that it is beyond redemption; and (3) that there *is* a place appointed for it.

In the Western Church it has long been a requirement of Canon Law that the permission of the Bishop should be obtained before the exorcism of a person is attempted; but this is not necessary before the exorcism of a place. This is presumably a recognition on the part of the Church that attempted exorcism of a person can be fraught with considerable danger to the patient.

The exorcist need not be a priest. In the Eastern Church the power to exorcize is regarded as a charismatic gift to be exercised by anyone so endowed. In the early Church, and still today in the Roman Catholic Church, the office of exorcist is one of the minor orders. But in practice in the West, both in the Church of England and in the Roman Catholic Church, the exorcist is usually a priest who is considered to be specially experienced in this type of work.

The question immediately arises whether there is any reality in all this. Are persons really

0141–0768/79/030220–02/$01.00/0